

four hours in severe acute cases; (c) when in doubt as to the character of the food indicated.—*Archives of Pediatrics*, 1890, p. 441.

SURGICAL TREATMENT OF ERYSIPELAS.

DILLON-BROWN reports a successful case treated by the Kraske-Riedel method. The patient, an infant of five and one-half months old, was somewhat cachectic, and erysipelas developed in the left leg in the neighborhood of an abscess which had been incised. In spite of the general and local treatment, the erysipelas steadily advanced until the knee was reached. At this time the child's general condition was alarming in the extreme; temperature 104.5° F.; pulse 178, weak and thready; and the case was looked upon as hopeless unless some means were found of preventing the extension of the erysipelas. Under chloroform anæsthesia a fence was made completely encircling the limb by scarifying it with a scalpel. The scarifications were dressed with gauze saturated with 1:1000 bichloride. Immediately after the operation the line of the fence became swollen, red and angry-looking, apparently from the irritation of the dressing. The inflammation rapidly travelled up to the line of the scarification, but did not pass above the barrier. On the following morning the temperature was 100°, and general improvement marked in all symptoms; pulse 120; eyes bright. From this time there was rapid and uninterrupted convalescence and complete recovery.—*Annals of Gynecology and Pediatrics*, 1890, p. 489.

A PLEA FOR EARLY OPERATIVE INTERFERENCE IN ACUTE PERITONITIS, WITH ESPECIAL REFERENCE TO THE SO-CALLED IDIOPATHIC PERITONITIS IN CHILDREN.

LYDSTON presents a careful consideration of this subject in the *Journal of the American Medical Association*, June 28, 1890.

There is a feeling at present among progressive physicians that peritonitis is more of a surgical disease than it has been regarded. The more carefully we inquire into the history, the narrower the range of the so-called idiopathic cases becomes.

Children are very often taken while apparently in a condition of perfect health. This is inconsistent with the idiopathic theory; adhesions and pus are an almost invariable result of idiopathic peritonitis. Gauderon remarks that recovery followed the escape of pus through the umbilicus in eleven cases out of twenty-five, and of these eleven cases there were eight recoveries. It would be interesting to note how many of the fourteen cases recovered, as showing in how far the chances of recovery were directly dependent upon the exit of the pus. Children receive so many bumps and falls that they are not likely to attribute any special importance to an accident. The peritoneum being more sensitive in children, their greater susceptibility to peritonitis from slight injuries is at once obvious.

Very slight injuries to other viscera, especially the liver, may give rise to the disease. The bruising may be so slight as to leave no trace which is visible post-mortem, and yet be sufficient to light up general peritonitis. A bruise over the distended bladder or a wrench of its peritoneal attachments, incidental to a fall, may cause it.

A cause of peritonitis in children is inflammatory affections in the region of the cæcum. Typhlitis and perityphlitis, due to enteroliths or foreign bodies in the vermiform appendix, constitute one of the most frequent causes of so-called idiopathic peritonitis in young children. The reason that this is not more frequently recognized, is the fact that in children the disease runs a very rapid course, has a more pronounced tendency to general extension, and kills the patient before evidences of localized inflammation and suppuration are recognized. The formation of lymph, plastic material, and protective adhesions does not occur in the child because of the rapid extension of the inflammation.

Lydston concludes as follows:

The majority of cases of so-called idiopathic peritonitis in children will be found upon inquiry to be traumatic.

Slight injuries of the abdominal contents are relatively more dangerous in children than in adults.

Acute peritonitis in children, while apparently idiopathic, is often secondary to perityphlitic inflammation, which runs a rapid course and extends to the general peritoneum without the intervention of appreciable local changes.

The profound prostration and cardiac inhibition characteristic of peritonitis are incidental (1) to tension of the peritoneum produced by inflammatory products, with a consequent reflex inhibition of the heart, and (2) mechanical interference with the heart's action.

Surgical interference is indicated in all severe cases of general peritonitis and in cases of localized suppurative inflammation, or in cases of perityphlitic origin.

It is not necessary to make a large incision, excepting in cases in which perityphlitic abscess is known to exist, when the incision should be made at the most favorable point, which is the typical line for ligation of the common iliac. In the majority of cases in children a median exploratory incision, with flushing of the abdominal cavity, is sufficient.

CIRRHOSIS OF THE LIVER IN CHILDHOOD.

In Canada, Howard has recorded two cases; Germany presents eighteen; England forty-four; France fifteen; the United States eight; Ireland four, and India one. This recapitulation will serve to show how very rare is the disease; Flint, in a personal communication to Howard, remarks upon its exceeding rarity in the United States.

EDWARDS presents a study of cirrhosis in the *Archives of Pediatrics*, July, 1890, with a report of one case and a tabulated *résumé* of the literature.

The slight effect that alcohol has in these cases is illustrated by the fact that its habitual use is mentioned only eleven times, its absence being noted in fifty cases, and no mention being made of it at all in thirty-three instances. In six times it is recorded as probable.

The infectious fevers play a more important rôle in the etiology of the disease; the hepatic derangement of fevers may, and often does, persist after they have subsided, and thus is said, independent of syphilitic contamination or alcoholic abuse, to produce chronic interstitial hepatitis.